

Mayor Jim Newberry

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Division of Environmental Policy Department of Environmental Quality

January 22, 2009

Section Supervisor
Inventory and Data Management Section
KPDES Branch, Division of Water
200 Fair Oaks Lane, Fourth Floor
Frankfort, KY 40601

RE: KPDES Application
LFUCG Streets, Roads, and Forestry
1791 Old Frankfort Pike, Lexington, KY 40504
Certified mail # 7000 0520 0018 2456 1799

Enclosed please find a KPDES application, Form 1 and Form F, for the Lexington-Fayette Urban County Government (LFUCG) Streets, Roads, and Forestry facility located at 1791 Old Frankfort Pike, Lexington, KY.

This KPDES application and the related Best Management Practices (BMP) plan on file at the facility were prepared by a local environmental consultant (Tetra Tech Inc) at the direction of the LFUCG.

Please call me at 859-425-2808 if you have any questions about this submittal.

Sincerely,

Thomas R. Webb, CPG, CHMM
Environmental Compliance Coordinator

cc:

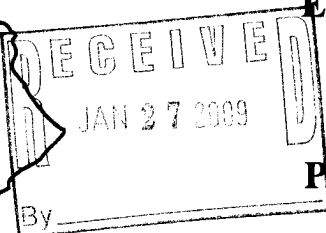
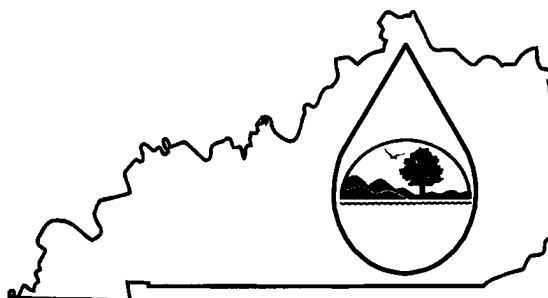
Sam Williams, Acting Director, LFUCG Division of Streets, Roads, and Forestry
Charles Martin, Director, LFUCG Division of Water Quality
File

HORSE CAPITAL OF THE WORLD

KPDES FORM 1

AI# 104153

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

0-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	1	0	7	8	5	9
A. Name of business, municipality, company, etc. requesting permit Lexington-Fayette Urban County Government									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name:					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>				
Streets, Roads, and Forestry					Leo McMillan				
Facility Location Address (i.e. street, road, etc., not PO Box):					Mailing Address:				
1791 Old Frankfort Pike					1555 Old Frankfort Pike				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
Lexington, KY 40504					Lexington, KY 40504				
					Facility Contact Telephone Number:				
					859.425.2255				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: This facility is used for the storage and maintenance of vehicles and equipment used by the Division of Streets, Roads, and Forestry.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	N/A		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Fayette	City where facility is located (if applicable): Lexington
C. Body of water receiving discharge: Town Branch	
D. Facility Site Latitude (degrees, minutes, seconds): 38 03 46 N	Facility Site Longitude (degrees, minutes, seconds): 84 32 23 W
E. Method used to obtain latitude & longitude (see instructions): GPS Reading	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: N/A	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	LFUCG Division of Streets, Roads, and Forestry
DMR Official Telephone Number:	859.425.2255

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Leo McMillan
DMR Mailing Address:	1555 Old Frankfort Pike
DMR Mailing City, State, Zip Code:	Lexington, KY 40504


VII. APPLICATION FILING FEE

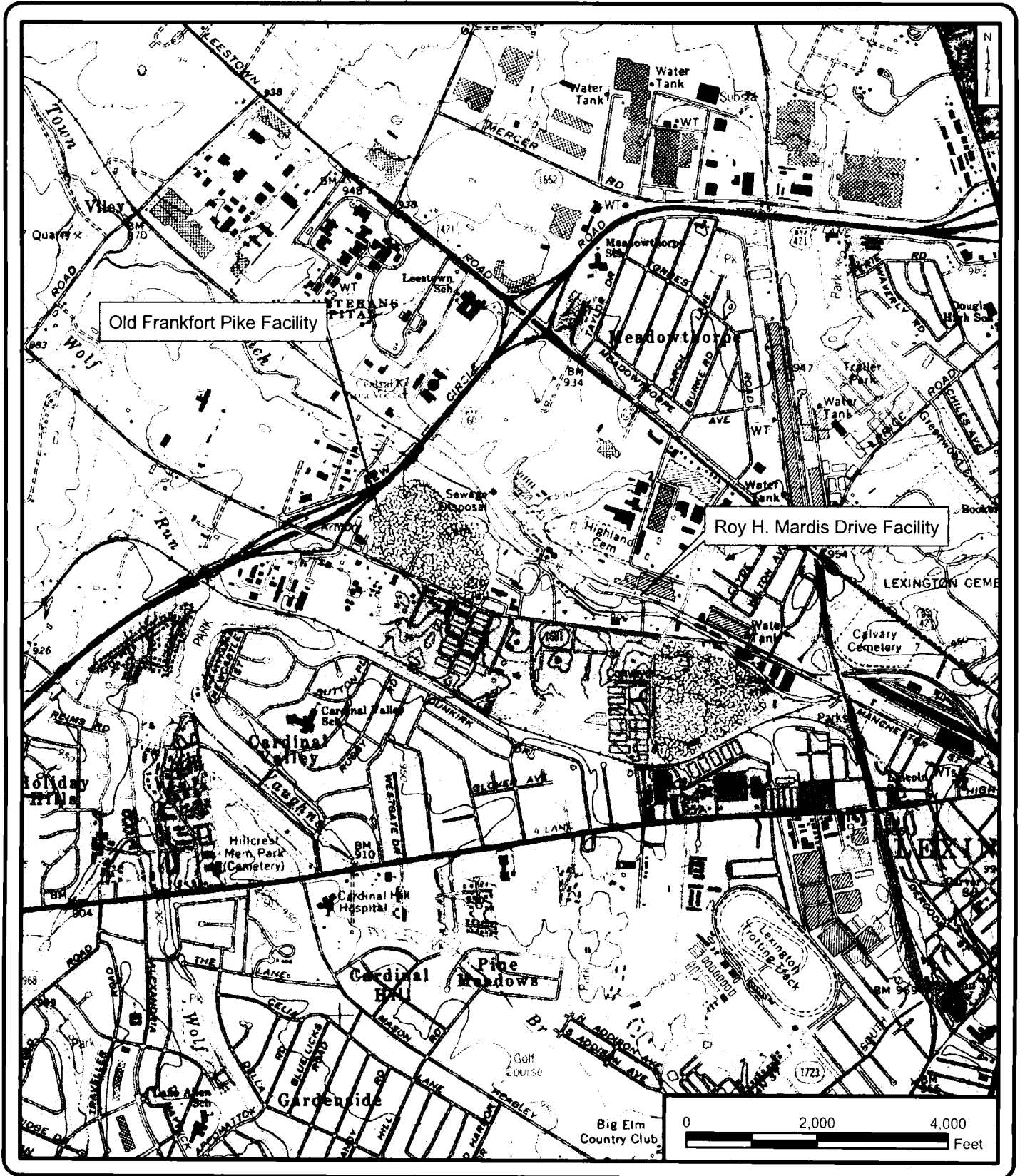
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	0.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	859-258-3451
SIGNATURE	DATE:
	12-10-08



DIVISION OF STREETS, ROADS, AND FORESTRY - LFUCG

Old Frankfort Pike and Roy H. Mardis Drive Facility Locations
Lexington West USGS 7.5' Topographic Quadrangle Map
Lexington-Fayette Urban County Government



TETRA TECH, INC.

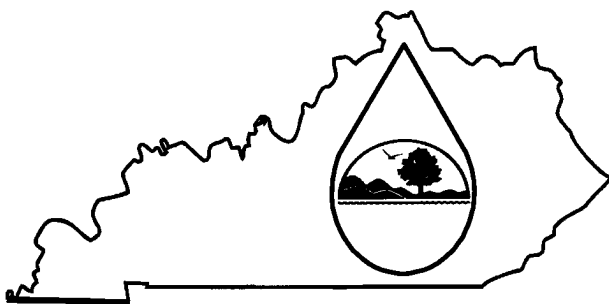
800 Corporate Drive, Suite 200
Lexington, KY 40503
859-223-8000

Att 10/1/99

KPDES FORM F

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE	0	1	0	7	2	6	9
----------------------------	------------	---	---	---	---	---	---	---

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	38	03	46	84	32	23.5	Town Branch
002	38	03	46	84	32	23.6	Town Branch

II. IMPROVEMENTS

- A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
N/A					

- B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	1.97 acres	2.11 acres	002	1.65 acres	2.52 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Materials stored on site include vehicles, wooden pallets, dumpsters, and miscellaneous equipment. The majority of storage and maintenance occurs inside the garage. Pesticides, herbicides, soil conditioners, and fertilizers are not used in the direct drainage area of the outfalls. A BMP plan has been developed in conjunction with this application to address exposure of equipment and materials to stormwater.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
001	none	
002	none	

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Jennifer M. Carey, P.E.	Jennifer M. Carey	10-21-08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

No non-stormwater discharges via visual inspection.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).
☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Microbac Laboratories	2520 Regency Road Lexington, KY 40503	859.276.3506	All Pollutants

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐

859-258-3451

SIGNATURE

DATE SIGNED

David Lee McMillen

12-10-08

VII. DISCHARGE INFORMATION				OUTFALL NO: 001		
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<5 mg/L	N/A			1	
Biological Oxygen Demand BOD ₅	12 mg/L	<5 mg/L			1	
Chemical Oxygen Demand (COD)	44 mg/L	24 mg/L			1	
Total Suspended Solids (TSS)	27 mg/L	5 mg/L			1	
Total Kjeldahl Nitrogen	1.6 mg/L	0.58 mg/L			1	
Nitrate plus Nitrite Nitrogen	0.77 mg/L	0.34 mg/L			1	
Total Phosphorus	0.25 mg/L	0.20 mg/L			1	
pH	5.9 (lab)	7.7 (field)	Minimum	Maximum	1	
Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Hardness as CaCO ₃	44 mg/L	29 mg/L			1	
Cadmium, TR	<0.005 mg/L	<0.005 mg/L			1	
Cadmium, Dissolved	<0.0005 mg/L	<0.0005 mg/L			1	
Copper, TR	0.005 mg/L	<0.005 mg/L			1	
Copper, Dissolved	<0.005 mg/L	<0.005 mg/L			1	
Lead, TR	<0.01 mg/L	<0.01 mg/L			1	
Lead, Dissolved	<0.01 mg/L	<0.01 mg/L			1	
Zinc, TR	0.04 mg/L	0.02 mg/L			1	
Zinc, Dissolved	0.06 mg/L	0.03 mg/L			1	
Arsenic	<0.1 mg/L	<0.1 mg/L			1	
Chromium	<0.01 mg/L	<0.01 mg/L			1	
Iron	0.37 mg/L	0.15 mg/L			1	
Mercury	<0.0002 mg/L	<0.0002 mg/L			1	
Molybdenum	<0.02 mg/L	<0.02 mg/L			1	
Nickel	<0.01 mg/L	<0.01 mg/L			1	
Selenium	<0.05 mg/L	<0.05 mg/L			1	
Silver	<0.01 mg/L	<0.01 mg/L			1	
Benzene	<0.005 mg/L	<0.005 mg/L			1	

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Toluene	<0.005 mg/L	<0.005 mg/L			1	
Ethylbenzene	<0.005 mg/L	<0.005 mg/L			1	
Total Xylenes	<0.015 mg/L	<0.015 mg/L			1	
N-Nitrosodimethylamine	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroethyl)Ether	<0.01 mg/L	<0.01 mg/L			1	
Phenol	<0.01 mg/L	<0.01 mg/L			1	
2-Chlorophenol	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroisopropyl)Ether	<0.01 mg/L	<0.01 mg/L			1	
Hexachloroethane	<0.01 mg/L	<0.01 mg/L			1	
N-Nitrosodi-N-Propylamine	<0.01 mg/L	<0.01 mg/L			1	
Nitrobenzene	<0.01 mg/L	<0.01 mg/L			1	
Isophorone	<0.01 mg/L	<0.01 mg/L			1	
2-Nitrophenol	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dimethylphenol	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroethoxy)methane	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dichlorophenol	<0.01 mg/L	<0.01 mg/L			1	
1,2,4-Trichlorobenzene	<0.01 mg/L	<0.01 mg/L			1	
Naphthalene	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorobutadiene	<0.01 mg/L	<0.01 mg/L			1	
4-Chloro-3-Methylphenol	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorocyclopentadiene	<0.01 mg/L	<0.01 mg/L			1	
2,4,6-Trichlorophenol	<0.01 mg/L	<0.01 mg/L			1	
2-Chloronaphthalene	<0.01 mg/L	<0.01 mg/L			1	
Dimethyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Acenaphthylene	<0.01 mg/L	<0.01 mg/L			1	
2,6-Dinitrotoluene	<0.01 mg/L	<0.01 mg/L			1	
Acenaphthene	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dinitrophenol	<0.01 mg/L	<0.01 mg/L			1	
4-Nitrophenol	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dinitrotoluene	<0.01 mg/L	<0.01 mg/L			1	
Fluorene	<0.01 mg/L	<0.01 mg/L			1	
Diethyl phthalate	<0.01 mg/L	<0.01 mg/L			1	

4-Chlorophenyl phenyl ether	<0.01 mg/L	<0.01 mg/L			1	
2-methyl-4,6-dinitrophenol	<0.01 mg/L	<0.01 mg/L			1	
n-Nitroso-diphenylamine	<0.01 mg/L	<0.01 mg/L			1	
4-Bromophenyl phenyl ether	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorobenzene	<0.01 mg/L	<0.01 mg/L			1	
Pentachlorophenol	<0.01 mg/L	<0.01 mg/L			1	
Anthracene	<0.01 mg/L	<0.01 mg/L			1	
Phenanthrene	<0.01 mg/L	<0.01 mg/L			1	
Di-n-butyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benzidine	<0.036 mg/L	<0.036 mg/L			1	
Pyrene	<0.01 mg/L	<0.01 mg/L			1	
Benzyl butyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Benzo(a)anthracene	<0.01 mg/L	<0.01 mg/L			1	
3,3'-Dichlorobenzidine	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Ethylhexyl)phthalate	<0.01 mg/L	<0.01 mg/L			1	
Chrysene	<0.01 mg/L	<0.01 mg/L			1	
Di-n-octyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Benzo(b)fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(k)fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(a)pyrene	<0.01 mg/L	<0.01 mg/L			1	
Indeno(1,2,3-c,d)pyrene	<0.01 mg/L	<0.01 mg/L			1	
Dibenzo(a,h)anthracene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(g,h,i)perylene	<0.01 mg/L	<0.01 mg/L			1	

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12-2-2007	>180	0.77	>120	0.06 cfs	1,894 gallons

7. Provide a description of the method of flow measurement or estimate.

The outfall is a 15" reinforced concrete pipe, so the Manning equation was used to determine velocity for various depths. The depth was measured at each sampling time which allowed computation of flow by knowing velocity and cross-sectional flow area.

VII. DISCHARGE INFORMATION			OUTFALL NO: 002			
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	13 mg/L	N/A			1	
Biological Oxygen Demand BOD ₅	20 mg/L	<5 mg/L			1	
Chemical Oxygen Demand (COD)	130 mg/L	25 mg/L			1	
Total Suspended Solids (TSS)	350 mg/L	21 mg/L			1	
Total Kjeldahl Nitrogen	2.5 mg/L	0.95 mg/L			1	
Nitrate plus Nitrite Nitrogen	0.66 mg/L	0.56 mg/L			1	
Total Phosphorus	1.0 mg/L	0.17 mg/L			1	
pH	6.8 (lab)	7.72 (field)	Minimum	Maximum	1	
Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Hardness as CaCO ₃	160 mg/L	72 mg/L			1	
Cadmium, TR	<0.005 mg/L	<0.005 mg/L			1	
Cadmium, Dissolved	0.0010 mg/L	<0.0005 mg/L			1	
Copper, TR	0.012 mg/L	<0.005 mg/L			1	
Copper, Dissolved	<0.005 mg/L	<0.005 mg/L			1	
Lead, TR	0.02 mg/L	<0.01 mg/L			1	
Lead, Dissolved	<0.01 mg/L	<0.01 mg/L			1	
Zinc, TR	0.08 mg/L	0.02 mg/L			1	
Zinc, Dissolved	0.04 mg/L	0.02 mg/L			1	
Arsenic	<0.1 mg/L	<0.1 mg/L			1	
Chromium	<0.01 mg/L	<0.01 mg/L			1	
Iron	5.04 mg/L	0.62 mg/L			1	
Mercury	<0.0002 mg/L	<0.0002 mg/L			1	
Molybdenum	<0.02 mg/L	<0.02 mg/L			1	
Nickel	<0.01 mg/L	<0.01 mg/L			1	
Selenium	<0.05 mg/L	<0.05 mg/L			1	
Silver	<0.01 mg/L	<0.01 mg/L			1	
Benzene	<0.005 mg/L	<0.005 mg/L			1	

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Toluene	<0.005 mg/L	<0.005 mg/L			1	
Ethylbenzene	<0.005 mg/L	<0.005 mg/L			1	
Total Xylenes	<0.015 mg/L	<0.015 mg/L			1	
N-Nitrosodimethylamine	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroethyl)Ether	<0.01 mg/L	<0.01 mg/L			1	
Phenol	<0.01 mg/L	<0.01 mg/L			1	
2-Chlorophenol	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroisopropyl)Ether	<0.01 mg/L	<0.01 mg/L			1	
Hexachloroethane	<0.01 mg/L	<0.01 mg/L			1	
N-Nitrosodi-N-Propylamine	<0.01 mg/L	<0.01 mg/L			1	
Nitrobenzene	<0.01 mg/L	<0.01 mg/L			1	
Isophorone	<0.01 mg/L	<0.01 mg/L			1	
2-Nitrophenol	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dimethylphenol	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Chloroethoxy)methane	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dichlorophenol	<0.01 mg/L	<0.01 mg/L			1	
1,2,4-Trichlorobenzene	<0.01 mg/L	<0.01 mg/L			1	
Naphthalene	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorobutadiene	<0.01 mg/L	<0.01 mg/L			1	
4-Chloro-3-Methylphenol	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorocyclopentadiene	<0.01 mg/L	<0.01 mg/L			1	
2,4,6-Trichlorophenol	<0.01 mg/L	<0.01 mg/L			1	
2-Chloronaphthalene	<0.01 mg/L	<0.01 mg/L			1	
Dimethyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Acenaphthylene	<0.01 mg/L	<0.01 mg/L			1	
2,6-Dinitrotoluene	<0.01 mg/L	<0.01 mg/L			1	
Acenaphthene	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dinitrophenol	<0.01 mg/L	<0.01 mg/L			1	
4-Nitrophenol	<0.01 mg/L	<0.01 mg/L			1	
2,4-Dinitrotoluene	<0.01 mg/L	<0.01 mg/L			1	
Fluorene	<0.01 mg/L	<0.01 mg/L			1	
Diethyl phthalate	<0.01 mg/L	<0.01 mg/L			1	

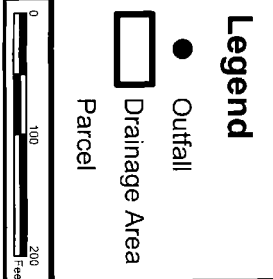
4-Chlorophenyl phenyl ether	<0.01 mg/L	<0.01 mg/L			1	
2-methyl-4,6-dinitrophenol	<0.01 mg/L	<0.01 mg/L			1	
n-Nitroso-diphenylamine	<0.01 mg/L	<0.01 mg/L			1	
4-Bromophenyl phenyl ether	<0.01 mg/L	<0.01 mg/L			1	
Hexachlorobenzene	<0.01 mg/L	<0.01 mg/L			1	
Pentachlorophenol	<0.01 mg/L	<0.01 mg/L			1	
Anthracene	<0.01 mg/L	<0.01 mg/L			1	
Phenanthrene	<0.01 mg/L	<0.01 mg/L			1	
Di-n-butyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benidine	<0.037 mg/L	<0.036 mg/L			1	
Pyrene	<0.01 mg/L	<0.01 mg/L			1	
Benzyl butyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Benzo(a)anthracene	<0.01 mg/L	<0.01 mg/L			1	
3,3'-Dichlorobenzidine	<0.01 mg/L	<0.01 mg/L			1	
bis(2-Ethylhexyl)phthalate	<0.01 mg/L	<0.01 mg/L			1	
Chrysene	<0.01 mg/L	<0.01 mg/L			1	
Di-n-octyl phthalate	<0.01 mg/L	<0.01 mg/L			1	
Benzo(b)fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(k)fluoranthene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(a)pyrene	<0.01 mg/L	<0.01 mg/L			1	
Indeno(1,2,3-c,d)pyrene	<0.01 mg/L	<0.01 mg/L			1	
Dibenzo(a,h)anthracene	<0.01 mg/L	<0.01 mg/L			1	
Benzo(g,h,i)perylene	<0.01 mg/L	<0.01 mg/L			1	

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12-2-2007	>180	0.77	>120	6.6 cfs	508,020 gallons

7. Provide a description of the method of flow measurement or estimate.

The outfall is a 18" reinforced concrete pipe, so the Manning equation was used to determine velocity for various depths. The depth was measured at each sampling time which allowed computation of flow by knowing velocity and cross-sectional flow area.



800 Corporate Drive, Suite 200
Lexington, KY 40503
859-223-8000